



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 30229		2. Exact name of the Corporation ST KEVIN'S CHURCH CORPORATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island ASSISTS W/RELIGIOUS AFFAIRS.			
5. Principal office address 333 SANDY LANE		City WARWICK	State RI	Zip 02889	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS J. TOBIN			Vice-President Name ROBERT C. EVANS		
Street Address 1 CATHEDRAL SQUARE			Street Address 1 CATHEDRAL SQUARE		
City PROV	State RI	Zip 02903	City PROV	State RI	Zip 02903
Secretary Name REV ROBERT L. MARCIANO			Treasurer Name REV ROBERT L. MARCIANO		
Street Address 333 SANDY LANE			Street Address 333 SANDY LANE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name REV ROBERT L. MARCIANO			Director Name JUDITH O'NEIL		
Street Address 333 SANDY LANE			Street Address 22 SURF AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Director Name PETER MCGINN			Director Name		
Street Address 46 CATHERINE CT			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 21 2014

By 49-215131

A.A.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert L. Marciano 1/21/14
 Signature of Officer Date

REV ROBERT L. MARCIANO
 Print or Type Name of Officer

PASTOR / TREASURER
 Title of Officer

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
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